

MS Word Template

Notice of intent to obtain coverage
**General Storm Water Permit Application (MN R 040000)
for Small Municipal Separate Storm Sewer Systems (MS4s)**

(Noticed as MN R 580000)

Minnesota Pollution Control Agency
520 Lafayette Road North, St. Paul, MN 55155-4194

Application deadline: **March 10, 2003**



**Minnesota
Pollution
Control
Agency**

Please read the instructions carefully and use the “tab” key to move through the fields of this form. Enter responses using drop down menus, check boxes and text as indicated. Use the “save as” feature in MS Word to save this template as a document.

I. MS4 Information

A. Application Type

Application type: Single site or administrative area If multiple sites, number of attached application forms:
MS4s with multiple sites such as campuses, dispersed facilities, or state agency regions/districts, must attach a completed application for each site or administrative area. An authorized person with overall responsibility or an officially delegated representative must sign each application form.

B. MS4 Owner

City of Rochester - Public Works Department

Community, municipality, agency or other party having ownership or operational control of the MS4.

201 4th St. SE, Room 108

Mailing Address

Rochester

MN 55904

City

State

Zip Code

Olmsted

Zumbro River (07040004), Root River (07040008)

County

Major Watershed (see enclosed map)

41-6005494

8024844

Federal Tax ID

State Tax ID

C. General Contact

Huberty

Barb

Environmental Coord.

Last Name

First Name

Title

General contact (official, staff member, consultant or other) for permit compliance issues.

201 4th St. SE, Room 108

Mailing Address

Rochester

MN 55904

City

State

Zip Code

507/529-4907

bhuberty@ci.rochester.mn.us

Telephone (include area code)

E-Mail Address

II. Certification of the Storm Water Pollution Prevention Program (SWPPP)

A. Have you developed a Storm Water Pollution Prevention Program for your MS4?

☒ Yes ☐ No

*Municipalities must demonstrate how their **Storm Water Pollution Prevention Program** will be implemented and enforced over the term of the five-year permit. **SWPPPs** must incorporate appropriate educational components, **BMPs** and measurable goals.*

Provide a brief description of the plan to complete the SWPPP if “No” is marked above.

B. Summary of the six minimum control measures. Complete items B. 1. through B. 6.

Storm Water Pollution Prevention Programs must address the specific requirements contained in Part V. G. of the permit. SWPPPs must outline how the six minimum control measures will be addressed, the contact person, department in charge, time frame and measures that will be implemented to meet the schedules required by the permit.

1. Public education and outreach measures

Huberty	Barb	Public Works
Contact Last Name	First Name	Department
201 4 th St. SE, Room 108		
Mailing Address		
Rochester	MN	55904
City	State	Zip Code
507/529-4907	bhuberty@ci.rochester.mn.us	
Telephone (include area code)	E-Mail Address	

- a) Have **Best Management Practices (BMPs)** that will be implemented for this minimum control measure been planned or developed? ☒ Yes ☐ No
- b) Have measurable goals for each **BMP** for this minimum control measure been planned or developed? ☒ Yes ☐ No
- c) Has an estimated timeline for implementing each **BMP** for this minimum control measure been planned or developed? Timelines should include, in narrative or numerical form, the months and years required actions will occur, interim milestones, and frequency of action, as appropriate. ☒ Yes ☐ No
- d) Have the educational components for this minimum control measure been planned or developed? ☒ Yes ☐ No
- e) Provide a brief description of the plan to complete any requirements marked “No” above. Attach a separate sheet if necessary.

2. Public participation and involvement measures

Huberty	Barb	Public Works
Contact Last Name	First Name	Department
201 4 th St. SE, Room 108		
Mailing Address		
Rochester	MN	55904
City	State	Zip Code
507/529-4907	bhuberty@ci.rochester.mn.us	
Telephone (include area code)	E-Mail Address	

- a) Have **Best Management Practices (BMPs)** that will be implemented for this minimum control measure been planned or developed? ☒ Yes ☐ No
- b) Have measurable goals for each **BMP** for this minimum control measure been planned or developed? ☒ Yes ☐ No
- c) Has an estimated timeline for implementing each **BMP** for this minimum control measure been planned or developed? Timelines should include, in narrative or numerical form, the months and years required actions will occur, interim milestones, and ☒ Yes ☐ No

frequency of action, as appropriate.

- d) Have the educational components for this minimum control measure been planned or developed? ☒ Yes ☐ No
- e) Provide a brief description of the plan to complete any requirements marked “No” above. Attach a separate sheet if necessary.

3. Illicit discharge detection and elimination

Huberty	Barb	Public Works
Contact Last Name	First Name	Department
201 4 th St. SE, Room 108		
Mailing Address		
Rochester	MN	55904
City	State	Zip Code
507/529-4907	bhuberty@ci.rochester.mn.us	
Telephone (include area code)	E-Mail Address	

- a) Have **Best Management Practices (BMPs)** that will be implemented for this minimum control measure been planned or developed? ☒ Yes ☐ No
- b) Have measurable goals for each **BMP** for this minimum control measure been planned or developed? ☒ Yes ☐ No
- c) Has an estimated timeline for implementing each **BMP** for this minimum control measure been planned or developed? Timelines should include, in narrative or numerical form, the months and years required actions will occur, interim milestones, and frequency of action, as appropriate. ☒ Yes ☐ No
- d) Have the educational components for this minimum control measure been planned or developed? ☒ Yes ☐ No
- e) Provide a brief description of the plan to complete any requirements marked “No” above. Attach a separate sheet if necessary.

4. Construction site storm water runoff control measures

Huberty	Barb	Public Works
Contact Last Name	First Name	Department
201 4 th St. SE, Room 108		
Mailing Address		
Rochester	MN	55904
City	State	Zip Code
507/529-4907	bhuberty@ci.rochester.mn.us	
Telephone (include area code)	E-Mail Address	

- a) Have **Best Management Practices (BMPs)** that will be implemented for this minimum control measure been planned or developed? ☒ Yes ☐ No
- b) Have measurable goals for each **BMP** for this minimum control measure been planned or developed? ☒ Yes ☐ No
- c) Has an estimated timeline for implementing each **BMP** for this minimum control measure been planned or developed? Timelines should include, in narrative or numerical form, the months and years required actions will occur, interim milestones, and ☒ Yes ☐ No

frequency of action, as appropriate.

- d) Have the educational components for this minimum control measure been planned or developed? ☒ Yes ☐ No
- e) Provide a brief description of the plan to complete any requirements marked "No" above. Attach a separate sheet if necessary.

5. Post-construction storm water management measures

Huberty	Barb	Public Works
Contact Last Name	First Name	Department
201 4 th St. SE, Room 108		
Mailing Address		
Rochester	MN	55904
City	State	Zip Code
507/529-4907	bhuberty@ci.rochester.mn.us	
Telephone (include area code)	E-Mail Address	

- a) Have **Best Management Practices (BMPs)** that will be implemented for this minimum control measure been planned or developed? ☒ Yes ☐ No
- b) Have measurable goals for each **BMP** for this minimum control measure been planned or developed? ☒ Yes ☐ No
- c) Has an estimated timeline for implementing each **BMP** for this minimum control measure been planned or developed? Timelines should include, in narrative or numerical form, the months and years required actions will occur, interim milestones, and frequency of action, as appropriate. ☒ Yes ☐ No
- d) Have the educational components for this minimum control measure been planned or developed? ☒ Yes ☐ No
- e) Provide a brief description of the plan to complete any requirements marked "No" above. Attach a separate sheet if necessary.

6. Pollution prevention and good housekeeping measures

Huberty	Barb	Public Works
Contact Last Name	First Name	Department
201 4 th St. SE, Room 108		
Mailing Address		
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507/529-4907	bhuberty@ci.rochester.mn.us	
Telephone (include area code)	E-Mail Address	

- a) Have **Best Management Practices (BMPs)** that will be implemented for this minimum control measure been planned or developed? ☒ Yes ☐ No
- b) Have measurable goals for each **BMP** for this minimum control measure been planned or developed? ☒ Yes ☐ No
- c) Has an estimated timeline for implementing each **BMP** for this minimum control measure been planned or developed? Timelines should include, in narrative or numerical form, the months and years required actions will occur, interim milestones, and ☒ Yes ☐ No

frequency of action, as appropriate.

- d) Have the educational components for this minimum control measure been planned or developed? ☒ Yes ☐ No
- e) Provide a brief description of the plan to complete any requirements marked “No” above. Attach a separate sheet if necessary.

C. Reporting and record keeping requirements.

Have reporting and record keeping requirements for implementation of the **Storm Water Pollution Prevention Program** been planned or developed? ☒ Yes ☐ No

Provide a brief description of the plan to complete the reporting and record keeping requirements if “No” is marked above.

III. Summary of Storm Water Pollution Prevention Program (SWPPP)

Required Application Attachments

Complete a one page **SWPPP Summary Sheet** and a **BMP Description Sheet** for **each** type of **BMP** that will be implemented. (See last two pages of the application form.)

- A. Is the **SWPPP** Summary Sheet attached? ☒ Yes ☐ No
- B. Is one **BMP** Description Sheet attached for each **BMP**? ☒ Yes ☐ No
- C. How many **BMP** Description Sheets are attached? 36

IV. Limitations of Coverage

A. Part II Limitations on Coverage and Appendix C

I have read Part II Limitations on Coverage and Appendix C of the MS4 general permit and certify that we intend to comply with the applicable requirements of those sections. ☒ Yes

B. Special Waters

Please refer to the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* and the enclosed map to complete this section.

1. Does the MS4 discharge into **Prohibited Waters** as defined in Minn. R. 7050.0180, subp. 3, 4, and 5? See Attachment Four of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. If yes, please list below and contact Lou Flynn at (651) 296-6575 or louis.flynn@state.mn.us. Be advised that you will be required to obtain an individual permit versus a general permit. ☐ Yes ☒ No
2. Does the MS4 discharge into waters with a **Restricted Discharge** as defined in Minn. R. 7050.0180, subp. 6, 6a, and 6b? If yes, please list below and comply with Part IX, Appendix C, Item B. See Attachment Four of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information.
High Forest Fen, 12 (T015, R14W, Sections 14 & 15) ☒ Yes ☐ No
3. Does the MS4 discharge into **Trout Waters** as defined in Minn. R. 6264.0050 subp. 2 & 4? If yes, please list below and comply with Part IX, Appendix C, Item C. See ☐ Yes ☒ No

Attachments Two and Three of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information.

4. Does the MS4 discharge into **Wetlands** as defined in Minn. R. 7050.0130, subp. F? See Attachment Four of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. ☒ Yes ☐ No
5. Does the MS4 have a process to evaluate discharges that require applicable **Environmental Review** as required by State or federal laws? See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. ☒ Yes ☐ No
6. Does the MS4 have a process to evaluate discharges whose direct, indirect, interrelated, interconnected, or independent impacts may jeopardize a listed **Endangered or Threatened Species** or adversely modify a designated critical habitat? See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. ☒ Yes ☐ No
7. Does the MS4 have a process to evaluate discharges which may adversely affect properties listed or eligible for listing in the National Register of **Historic Places** or affecting known or discovered **archeological sites**? See Part IX of the *Guidance Manual for Small Municipal Separate Storm Sewer Systems (MS4s)* for further information. ☒ Yes ☐ No

If you answered “No” to Item 5, 6, or 7, briefly explain how the MS4 will come into compliance with the requirements of Appendix C.

V. Owner or Operator Certification

The person with overall, site or administrative area SWPPP implementation responsibility must sign the application. This person must be duly authorized to sign the application (mayor, designated public works director, president of the university, etc.).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete (Minn. R. 7001.0070).

I also certify under penalty of law that I have read, understood, and accepted all terms and conditions of the National Pollutant Discharge Elimination System (NPDES) General Storm Water Permit for MS4s that authorizes storm water discharges identified in this application form.

I understand that as a permittee, I am legally accountable under the Clean Water Act to ensure compliance with the terms and conditions of the NPDES General Storm Water Permit for MS4s.

I also understand that MPCA enforcement actions (pursuant to Minn. Stat. §115.07, 116.072, and Section 309 of the Clean Water Act) may be taken against me or the MS4 if the terms and conditions of the NPDES General Storm Water Permit for MS4s are not met.

Authorized Signature

Date

Last Name

First Name

Title

Official notices will be sent to person indicated here.

Mailing Address

MN

City

State

Zip Code

Telephone (include area code)

E-Mail Address

Develop a unique identification number for each **BMP** Description Sheet (Attachment 2) completed. List the unique identification number for each **BMP** under the following seven areas.

A. Public Education and Outreach Measures

BMP unique identification numbers:

B. Public Participation and Involvement Measures

BMP unique identification numbers:

C. Illicit Discharge Detection and Elimination Measures

BMP unique identification numbers:

D. Construction Site Storm Water Runoff Control Measures

BMP unique identification numbers:

E. Post-Construction Storm Water Management Measures

BMP unique identification numbers:

F. Pollution Prevention and Good Housekeeping Measures

BMP unique identification numbers:

G. Other portion of the permit (such as Record Keeping or Appendix C).

Portion of the permit that the **BMPs** addresses. **BMP** unique identification numbers.

Use the BMP Description template and “save as” feature in MSWord to complete this page for each BMP.
Alternate formats are acceptable as long as all the requested information is provided.

Attachment 2

BMP Description Sheet

- A. Unique Identification Number:
(Assign a number.)
- B. Name or type of **BMP**:
- C. **BMP** description:
- D. Minimum control measure addressed:
- E. Describe the measurable goals that will be used to determine success or benefits of this **BMP**:
- F. Describe the timeline or implementation schedule for this **BMP**:
- G. Person or department in charge of implementing this **BMP**:

Last Name

First Name

Department

- H. If this **BMP** is an educational component of your **SWPPP**, briefly describe the audience and educational goals for this minimum control measure: